

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist				
Street Address				
City	State	Zip Code		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	10/20/2015	11/23/2015	
B. Total Monetary Contributions and Receipts (From Schedule I)			
C. Total Funds Available (Sum of Lines A and B)			
D. Total Expenditures (From Schedule III)			
E. Ending Cash Balance (Subtract Line D from Line C)			
F. Value of In-Kind Contributions Received (From Schedule II)			
G. Unpaid Debts and Obligations (From Schedule IV)			

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3 day of December 2015
 Donna K. Beatty
 Signature

My Commission expires 1 19 2016
 MO. DAY YR.

Signature of Person Submitting report
 Jeffrey S. Waltman
 Printed Name

610 451-9120
 Area Code Daytime Telephone Number

Part II- If this is a report of a **Candidate's Authorized Committee**, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

____ day of ____ 20____
 Signature

My Commission expires ____ MO. DAY YR.

Signature of Candidate
 Printed Name

Area Code Daytime Telephone Number

RECEIVED
 3

BY: mak

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	402.75
Total for the reporting period	(2)	\$	402.75
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	500.00
All Other Contributions (Part D)		\$	1100.00
Total for the reporting period	(3)	\$	1600.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	2002.75

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number											
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										Amount	
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						Date [MM/DD/YYYY]	\$		
City				State		Zip Code		Date [MM/DD/YYYY]	\$		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Full Name of Contributor		Alan Shuman		Date [MM/DD/YYYY]	10/22/2015	\$	150.00
House #	50	Street Address	N. 5th St.	Date [MM/DD/YYYY]		\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Michael Fromm		Date [MM/DD/YYYY]	10/23/2015	\$	100.00
House #	2101	Street Address	Centre Avenue	Date [MM/DD/YYYY]		\$	
City	Reading	State	PA	Zip Code	19605	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Thacker Athletic		Date [MM/DD/YYYY]	10/23/2015	\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor		Steve Price		Date [MM/DD/YYYY]	10/24/2015	\$	100.00
House #	520	Street Address	Walnut St.	Date [MM/DD/YYYY]		\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Jeffrey S. Walkman SR.		Date [MM/DD/YYYY]	11/3/2015	\$	52.75
House #	723	Street Address	N. 4th St.	Date [MM/DD/YYYY]		\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:

Full Name of Contributing Committee		Fox Rothschild PAC		Date [MM/DD/YYYY]	11/3/2015	\$	500.00
House #	2000	Street Address		Market Street		Date [MM/DD/YYYY]	\$
City	Philadelphia	State	PA	Zip Code	19103	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:

Full Name of Contributor		Jack Gulati			Date [MM/DD/YYYY]	10/23/2015	\$	600.00
House #	27720	Street Address		Marina Isle Ct.		Date [MM/DD/YYYY]	\$	
City	Bonita Springs	State	FL	Zip Code	34134	Date [MM/DD/YYYY]	\$	
Employer Name		Stokeson, Castle			Occupation			
Employer Mailing Address / Principal Place of Business		Rendley, PA						
Full Name of Contributor		Craig Stew			Date [MM/DD/YYYY]	10/30/2015	\$	500.00
House #	400	Street Address		Walmere Way		Date [MM/DD/YYYY]	\$	
City	Blue Bell	State	PA	Zip Code	19423	Date [MM/DD/YYYY]	\$	
Employer Name		Rendley, Phillis			Occupation			
Employer Mailing Address / Principal Place of Business		Rendley, PA						
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business								

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 250.00

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$
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SCHEDULE II

PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor		David Kersley		Date [MM/DD/YYYY]	10/28/2015	\$	250.00
House #	225	Street Address	Doyle St.	Date [MM/DD/YYYY]		\$	
City	Reading	State	PA	Zip Code	19601	Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #		Street Address		Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution							

SCHEDULE III
Statement of Expenditures

Filer Identification Number:

To Whom Paid		Vistaprint			Date [MM/DD/YYYY]	\$	1842.00
House #	95	Street Address	Hayden Ave		Description of Expenditure		
City	Lexington	State	MA	Zip Code	Postcards/mailers		
To Whom Paid		Matthew Walturnm			Date [MM/DD/YYYY]	\$	465.00
House #	1447	Street Address	N. 9th St.		Description of Expenditure		
City	Reading	State	PA	Zip Code	Campa. gN Staff		
To Whom Paid		Erin Buskey			Date [MM/DD/YYYY]	\$	420.00
House #	1447	Street Address	N. 9th St.		Description of Expenditure		
City	Reading	State	PA	Zip Code	CANVASSER/staff		
To Whom Paid		Reading Democratic Comm			Date [MM/DD/YYYY]	\$	150.00
House #	434	Street Address	Walnut St.		Description of Expenditure		
City	Reading	State	PA	Zip Code	Signs-Polls		
To Whom Paid		Weed Broadcasting			Date [MM/DD/YYYY]	\$	400.00
House #	34	Street Address	N. 4th St.		Description of Expenditure		
City	Reading	State	PA	Zip Code	Radio Ads		
To Whom Paid		Happy Family			Date [MM/DD/YYYY]	\$	48.69
House #	632	Street Address	Greenwich St.		Description of Expenditure		
City	Reading	State	PA	Zip Code	Lunch-workers		
To Whom Paid		Little Ceasars			Date [MM/DD/YYYY]	\$	18.10
House #	1420	Street Address	Kutztown Road		Description of Expenditure		
City	Reading	State	PA	Zip Code	Lunch-workers		
To Whom Paid		Erin Buskey			Date [MM/DD/YYYY]	\$	125.00
House #	1447	Street Address	N. 9th St.		Description of Expenditure		
City	Reading	State	PA	Zip Code	Poll Worker		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid				Date [MM/DD/YYYY]		\$
Mathew Waltemar				11/3/2015		125.00
House #	Street Address		Description of Expenditure			
1447	N. 9th St.					
City	State	Zip Code				
Reading	PA	19601	Poll Worker			

To Whom Paid				Date [MM/DD/YYYY]		\$
Sofritos				11/3/2015		84.21
House #	Street Address		Description of Expenditure			
220	Douglas St.		Celebration Party			
City	State	Zip Code				
Reading	PA	19601				

To Whom Paid				Date [MM/DD/YYYY]		\$
Public House Restaurant				11/10/2015		141.52
House #	Street Address		Description of Expenditure			
1040	N. Park Road		Staff Dinner			
City	State	Zip Code				
Reading	PA	19610				

To Whom Paid				Date [MM/DD/YYYY]		\$
House #	Street Address		Description of Expenditure			
City	State	Zip Code				

To Whom Paid				Date [MM/DD/YYYY]		\$
House #	Street Address		Description of Expenditure			
City	State	Zip Code				

To Whom Paid				Date [MM/DD/YYYY]		\$
House #	Street Address		Description of Expenditure			
City	State	Zip Code				

To Whom Paid				Date [MM/DD/YYYY]		\$
House #	Street Address		Description of Expenditure			
City	State	Zip Code				

To Whom Paid				Date [MM/DD/YYYY]		\$
House #	Street Address		Description of Expenditure			
City	State	Zip Code				